



## Long Term Care Coordinating Council

Regular Meeting  
November 13, 2013  
10:00 a.m.

RI Council of Community Mental Health Organizations  
40 Sharpe Drive, Suite 3  
Cranston, RI

### DRAFT MINUTES

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#### 1. Call to order

Lt. Governor Roberts called the meeting to order

#### 2. Approval of minutes

The minutes from the past meeting were approved. They will be posted on the Secretary of State's website shortly.

#### 3. Report of nursing home deficiencies monitoring

	Standard	Follow-up	Complaint	SQC
October 2013	7	4	2	0

Ray Rusin, Director of Facilities Regulation at the Department of Health, stated that there were no nursing homes cited for substandard quality of care in the month of October. Cortland Place and Charlesgate received unannounced inspections in the month of October. Charlesgate had no citation of actual harm during this visit. The year-long monitoring for Cortland Place came to a close and it was determined that the facility was in substantial compliance with no federal or state citations.

Kathy Heren asked what will happen to the area of Charles Gate during the weekend of November 16<sup>th</sup> because there will be new National Grid work being. Ray noted that while the

construction will create power shortages, the facility has already been provided with generators that will be powering the facility.

#### **4. Update on Integrated Care Initiative consumer councils**

*There are four Integrated Care consumer advisory councils formed or in the process of being formed. Each contracted payer (Rhody Health Options, Connect Care Choice Community Partners, and PACE) is required to create a consumer council. Additionally, the Lt. Governor's LTCCC is overseeing a consumer advisory council that is run by EOHHS and the Lt. Governor's Office.*

Connect Care Choice *Community Partners* will be presenting the developments of their consumer advisory council at the next LTCCC meeting.

#### EOHHS and Lt. Governor's Consumer Advisory Council

Holly Garvey, on behalf of Sharon Kernan and Ellen Mauro of EOHHS, stated that the Lt. Governor's ICI consumer advisory council met on October 28<sup>th</sup>. Care providers were able to bring up issues that their consumers had with enrolling into the ICI. Specifically, call center training was brought up because there were some consumers who were unable to opt-out of the new options because some of the call center staff (contracted to HP) did not know how to opt-out for consumers. Holly noted that there is follow-up training for the call center staff members who had been cited.

Currently, the ICI has enrolled over 4,000 individuals into the program. Holly highlighted the lack of consumers at the ICI CAC meeting and appealed to the LTCCC members to refer potential consumer members to join the ICI CAC. Please email Donna Leong if you have someone in mind ([dleong@ltgov.state.ri.us](mailto:dleong@ltgov.state.ri.us)).

#### Rhody Health Options

Ken Pariseau noted that Rhody Health Options (Neighborhood Health Plan) convened its first member advisory committee on November 6<sup>th</sup>. There was robust discussion of different options that the committee could use in order to invite member voices. Potential options include: conference call lines, meeting at different times, etc.

Ken noted that ICI consumers received little information in regards to what the integrated care options were. The consumers were asking providers what the new programs meant for them and many were unable to answer due to lack of information. Rhody Health Options has created a one page explanation of RHO and ICI; it will be submitted to EOHHS for expedited approval.

#### PACE

Joan Kwiatkowski stated that Medicare and Medicaid oversee PACE. Currently, there are over 700 nursing home residents enrolled in PACE. PACE's consumer advisory council will be modeled after its previous consumer councils and will meet around 6 times a year. Translation services are provided. PACE also has a system in place for individual grievance processes for consumers to discuss issues that arise.

Maureen Maigret asked if the four ICI consumer advisory councils have been looking at the lessons from other states implementing ICI. She noted that Massachusetts is far along in their consumer advisory work group and has a consumer-friendly website ([click to view](#)). Lt. Governor Roberts stated that much of the work associated with ICI consumer councils at the moment is dedicated to assessing the current RI landscape of consumer integration. There will be a closer look at the efforts of other states soon.

### **5. Update on the RI State Plan for Alzheimer's Disease and Related Disorders**

Director Catherine Taylor presented an update on the State Plan for Alzheimer's Disease and Related Disorders. She noted that the workgroup convened again on October 30<sup>th</sup> to discuss the first phase of implementation to the Rhode Island state plan. The most salient issues and recommendations of each subgroup were picked out and there are efforts underway to create centralized taskforces to ensure their implementation strategies.

- a. Reconvened on October 30<sup>th</sup>. Submitted the state plan at the end of June.
- b. Greenhouse regs were promulgated by dept of health.
- c. Dr. Fine's ems innovations workgroup wrapped up Alzheimer's with it. Educating the first responders with RIGEC.
- d. Nursing home collaborative has many participants.
- e. 1115 waiver Catherine asked for expansion of the cnam program to include people with early onset.
- f. Procurement process for
- g. URI's innovations grant is underway and seven hills and aces point are underway. Big Alzheimer's opportunity. Need telehealth.
- h. Center around themes of information and website.
- i. National conference on caregivers and Alzheimer's. We have been invited to present. One of three states added.
- j. *Catherine Taylor will summarize the first phase of implementation for the Alz. state plan.*
- k. *She will also mention the letter from Senate President Paiva Weed.*
- l. Lt. Governor talks about how we will be reaching out to people and there will be quarterly meetings.

### **6. Presentation – Transitions to Care**

- a. HealthCentric Advisors

- i. *Gail Patry will be presenting. There is a print out of the presentation.*
- b. *Presentation can be sent out.*
- c. *Healthcentric is a nonprofit consulting org that is based in the foundary. They are the state QIO.*
- d. They have three-year cycles.
- e. Care transitions work is part of the QIO contract.
  - i. It cares about care tnransition because there are 25% people who are going back to hospital after discharge. There is impact on safety issues and patient satisfaction issues. With just the last four years, the work that ahs been done at the states has created.
  - ii. LG asked if there is a different between admission. “in the standard readmission rate reported, it only notes it if there is inpatient admission. Any unplanned utilization.
  - iii. They want to increase stays.
- f. Leadership advisory board was borught together at the last scope of work. Many stakeholders. There are a lot of stakeholders in healthcare.
- g. The first time CMS began addressing care transitions was in 2008. Improve the patient self management of it all. There is now patient coaching for everyone. Hey understand the red flags.
- h. They need patient safety. For the healthcare infections. They are important because care trnasitions are such a n important issue. There is a need for care transition for patient safety. There is a major driver for readmission. There is dementia work being doene for antipsychotic.
- i. Thereis er visit when there are no more dementia knowledge. The er people don’t know how tot deal with dementia patients.
- j. Payment issues.
- k. Maureen said tha there was a different in readmission rate. Are there any differences in readmission between nursing home vs assisted living care or if they had home care. There are differences in the types of care and within the scope of work. Beginning of last October, the there is a multitude of drivers.
- l. The three primary drivers for why people go back to the hospital
  - i. Rhode island was the first in the country to mandiate a contiutiy of care.
  - ii. The physician is nit usually ready for the bhere.
  - iii. Lack of patient activation.
  - iv. Inconsistent implmenetaiton .
    - 1. There is already a body of work that has researched this already,
    - 2. Gail said htat tehere is insurance to know that the patients
    - 3. Part of the major piece of work is that healthcentric was mandated to bring toehre five communities to work locally on pieces in which they will have ocontrol over.

- m. There are best practice implementation guides for hospitals and urgent care. Lays out evidence based practices for care.
- n. Angelo said that the readmission drivers slide misses the driver of: people are sent out of the hospital when you are not ready to go. The interagency form that we have been used years before this doesn't match the stuff. Based on the fpro, there is everything.
- o. They have forums for the stuff.
- p. They provide technical support for learning and action network. That is a collaborative. There are guest speakers and training for opportunities to share the stuff.
- q. Ken Pariseau asked how the policies are being implemented with carrots and sticks we need to look at ways to create sustainability. One of the ways that has been accomplished is that there are inclusions in the contract with the hospitals. There are financial incentives that are given at the implementation level. Pay for performance has been evolving for all of it.
- r. Is there a contract like health centric's in long term care?
- s. In long term care, there are obligations that contract about why someone was readmitted for it all/
- t. Maureen – does this include the medicare advantage program?
- u. What we can show communitywide is that there can be data in the all payers claims database.
- v. There are onsite staff who analyze and track the process and to measure the impact of all of it. Look at process measures and how it was done.
- w. The five communities represent the entire state.
  - i. Washington county has been changing their way of transition and now, they are one of the best in the country.
  - ii. There are a number of ccp applications and bundled. Make sure that the providers have the info to apply and others.
  - iii. They have worked with Joan Kwiatkowsky so that everyone can create the
  - iv. RI readmission rate is going up even because the stuff is going down.
- x. LG asked about the range of places of focus to improve. Do you see places that need the most attention? Is it about info transfer or is it event?
  - i. As communication improves, all of this can be improved.
  - ii. Even if you are discharged to a medical facility as opposed to home, the rate of readmittance is still the same. People who don't agree to home healthcare means that there are less sick.
- y. Maureen Maigret asked whether there was anything in the report that talked about the primary care policy info.
- z. There are more inconsistencies because we are dealing with so many more doctor's offices. We don't have the data yet for the

- i. They are looking at the physicians that are using the hospitals that are going to be the big ones. They are the big physicians.
- aa. Adding the primary care physician where it is the continuity of care. How can we make sure of it.
- bb. They tend not to have digital files if they are doctors in small offices. They are not aware of they are admitted.
- cc. Ken Pariseau asked about what the ICi deals are is the person getting the wrap around services need to stay in the vendors are wrapping services around? We need to make sure that they are getting the services they are doing from the healthcare insurance.
- i. Information needed to collect the data.

## 7. Public comment

- a. Legislative items
  - i. LG wanted to highlight the legislative.
  - ii. Burke asked if they can have a ban the box initiative. Are there specific crimes for long term care?
  - iii. They plan to have a
  - iv. Heren asked where the fingerprint bill is
    - 1. Maureen said that there is an extension of the federal grant.
  - v. Maureen attended the safe transitions meeting- Lynne Chase has been great about the meetings.
  - vi. *Open the floor up to have members talk about LTCCC-related legislative items that we should keep tabs on for the upcoming session.*
  - vii. *There will be a legislative meeting on December 11<sup>th</sup> from 9-10 a.m.*

## 8. Adjourn – Next meeting December 11<sup>th</sup>, 2013 @ RICCMHO

*Next meeting will have a 1 hour legislative committee meeting from 9-10 a.m. before the full group meeting.*

- a. Please see LTCCC schedule sheet for updated meeting times

## Things to Keep in Mind

NHPRI RHO already has the letter written.

what can we learn from other ICI CAC of other states

Ken has a contact for the ICI CAC in Mass

Catherine Taylor has been invited to a national caregivers conference and Alz. Assn. RI is one of three states. Follow up to ask her about this.

Send the PPT from health centric to the list serv.

Send notification for the leg meeting.

We will be finding the fingerprint bill.

Maureen said

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RICCMHO is accessible to persons with disabilities. Individuals requesting interpreter services for the hearing impaired or needing other accommodations, please call 401-222-2371 and ask for Donna Leong or email her at [dleong@ltgov.state.ri.us](mailto:dleong@ltgov.state.ri.us) at least 48 hours in advance of the meeting.